

Carefully Fill Out This Card and Forward at Once to Dr. J. S. Billings, Jr.

WF
200
6697NY
DEPARTMENT OF HEALTH

Sixth Ave. and 55th St., New York

We have to-day referred to the Clinic for Communicable Pul-
monary Diseases. Date _____ 190

Name _____

Address _____

Name of Institution or }
Person Referring Case } _____

(OVER)

GIVE THIS HALF OF CARD TO PATIENT

Clinic for Treatment of Communicable Pulmonary Diseases

DEPARTMENT OF HEALTH

NEW YORK

967 Sixth Avenue, near 55th St.

NLN

Name _____

Address _____

Date _____ Referred by _____

(OVER)

Assigned to _____ Date _____

*To visit and ascertain why patient has not applied at clinic
for treatment.*

1st visit _____

2d visit _____

Signature _____

(Nurse.)

BRING THIS CARD WITH YOU

HOURS—10 a.m. and 2 p.m. every week day. 8 p.m. Monday,
Wednesday and Friday.

BRINGE DIESE KARTE JEDESMAL MIT

STUNDEN—10 Uhr morgens und 2 Uhr nachmittags, an allen
Wochentagen; 8 Uhr abends nur an Montag,
Mittwoch und Freitag.

PORTATE QUESTA CARTA CON VOI

ORE—10 a.m. e 2 p.m. ogni giorno (eccetto giorni festivi e
Dominica). 8 p.m. Lunedì, Mircoledì e Venerdì.

ברענגט דיא קארטע.

דיע קליניק איז אפען: טעגליך אום 10 אוהר מארגענס אונד 2 אוהר נאכמיטאג,
מאנטאג, מיטוואך אונד פרייטאג איך אום 8 אוהר אבענדס.